## PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

Application or Docket Number

Effective October 1, 2003							10/039, 677						
		CLAIMS A		S FILED - PART ( (Column 1)		(Column 2)		SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS								RATE	FEE	7	RATE	FEE	
FOR			NUMBE	NUMBER FILED		NUMBER EXTRA		BASIC FE	385.00	OR	BASIC FE	<del></del>	
TOTAL CHARGEABLE CLAIMS			_ m	_ minus 20=		*		X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			minus 3 =		*			X43=		OR	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	1	
М	ULTIPLE DEPE	NDENT CLAIM F	PRESENT					+145=		OR	ı		
*	f the difference	e in column 1 is	less than z	ess than zero, enter "0" in column 2			į	TOTAL	+	OR			
	C		AMENDE	MENDED - PART II						_	OTHER	THAN	
_	1	(Column 1)	T	(Column 2) (Column 3			. ,	SMALL	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	+ 40	Minus	** 5	9	=		X\$ 9=	j	OR	X\$18=		
	Independent FIRST PRESE	T* 3	Minus	PENDENT	<u> </u>	=		X43=		OR	X86=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=		
								TOTAL		OR	TOTAL		
	· ·	(Column 1)		(Colum	ın 2)	(Column 3)	^	DDIT. FEE		,	ADDIT. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOI PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	* NTATION OF MU	Minus	***	CL AINA	=		X43=		OR	X86=		
		······································	Jenn ee Den	LIVERT	JUANIVI		Γ	+145=		OR	+290=		
								TOTAL ODIT. FEE		OR A	TOTAL ADDIT. FEE		
		(Column 1)		(Colum)	າ 2)	(Column 3)			•	•			
MEN	`	CLAIMS REMAINING AFTER AMENDMENT		HIGHE: NUMBE PREVIOU PAID FO	R JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X43=	·	OR	X86=		
	i moi Friesei	NTATION OF ML	LIPLE DEF	ENDENIC	LAIM			+145=		OR	+290=		
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20"									<b>L</b> ∩B	TOTAL	-	
***	the "Highest Nur	mber Previously Pa ber Previously Paid	id For" IN THIS	S SPACE is to	ess thar	3 enter "3 "		DIT. FEE <b>L</b> I in the app	ropriate box	· Al	DDIT. FEE <b>L</b> mn 1.		